

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595588

FILING DATE

APPLICANT(S)

1st Amendment, 2nd Amendment CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/	/	/	/
3	/		/	/	/	/
4	/		/	/	/	/
5	/		/	/	/	/
6	/		/	/	/	/
7	/		/	/	/	/
8	/		/	/	/	/
9	/		/	/	/	/
10	/		/	/	/	/
11	/		/	/	/	/
12	/		/	/	/	/
13	/		/	/	/	/
14	/		/	/	/	/
15	/		/	/	/	/
16	/		/	/	/	/
17	/		/	/	/	/
18	/		/	/	/	/
19	/		/	/	/	/
20	/		/	/	/	/
21	/		/	/	/	/
22	/		/	/	/	/
23			/	/	/	/
24			/	/	/	/
25			/	/	/	/
26			/	/	/	/
27			/	/	/	/
28			/	/	/	/
29			/	/	/	/
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	22	↓	1	↓		↓
TOTAL DEP.	0	←	28	←		←
TOTAL CLAIMS	22		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						